## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
X	11a	11b		11c		12			
	13	14		15		16			17

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CON	IGRESSIONAL COMMITTEE				
Full Name (Last, First, Middle Initial)  DR. JAMES E. ABELL	Date of Receipt				
Mailing Address 7102 WELLS PKWY.	04 22 2013				
City UNIVERSITY PARK	State Zip Code MD 20782-1041	Transaction ID : SA11.14980211			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00  CONTRIBUTION			
Name of Employer  SELF-EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.00				
Full Name (Last, First, Middle Initial)  DAVID ADANTE  Mailing Address 8414 OXFORD CHASE CIR N	Date of Receipt				
City MASSILLON FEC ID number of contributing	State Zip Code OH 44646-7871	Transaction ID: SA11.14968916  Amount of Each Receipt this Period  1000.00  CONTRIBUTION			
federal political committee.  Name of Employer RETIRED	Occupation RETIRED				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00				
Full Name (Last, First, Middle Initial)  DR. MIRIAM O. ADELSON	Date of Receipt				
Mailing Address 3355 LAS VEGAS BLVD. S.	04 16 _ 2013 _				
City LAS VEGAS	State Zip Code NV 89109-8941	Transaction ID : SA11.14975757  Amount of Each Receipt this Period  32400.00			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation	CONTRIBUTION			
ADELSON DRUG CLINIC Receipt For:	int For				
Primary General Other (specify)	Aggregate Year-to-Date ▼  32400.00				
SUBTOTAL of Receipts This Page (optional)		33650.00			
TOTAL This Period (last page this line number	only)				